

<i>SERFF Tracking Number:</i>	<i>IADC-126564104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Security Life Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>45293</i>
<i>Company Tracking Number:</i>	<i>SSL HEARING AID RIDER</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Act 1179 Compliance - Hearing Aids</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: Act 1179 Compliance - Hearing Aids SERFF Tr Num: IADC-126564104 State: Arkansas

TOI: H16G Group Health - Major Medical	SERFF Status: Closed-Approved-Closed	State Tr Num: 45293
Sub-TOI: H16G.001A Any Size Group - PPO	Co Tr Num: SSL HEARING AID RIDER	State Status: Approved-Closed
Filing Type: Form	Author: Shellie Howard	Reviewer(s): Rosalind Minor
	Date Submitted: 03/30/2010	Disposition Date: 05/19/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 05/19/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/19/2010
Deemer Date:	Created By: Shellie Howard
Submitted By: Shellie Howard	Corresponding Filing Tracking Number: MADS-123619308

Filing Description:
Hearing aid benefit rider to comply with Act 1179 and bulletin 7A-2009. Please see cover letter for additional details.

Company and Contact

Filing Contact Information

SERFF Tracking Number: IADC-126564104 State: Arkansas
 Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293
 Company Tracking Number: SSL HEARING AID RIDER
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: Act 1179 Compliance - Hearing Aids
 Project Name/Number: /

Shellie Howard, Forms Development & Compliance Specialist
 2101 W. Peoria Ave
 Suite 100
 Phoenix, AZ 85029-4925
 howards@iacusa.com
 602-861-6070 [Phone]

Filing Company Information

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York
 485 Madison Avenue Group Code: 450 Company Type: Life and Health
 New York, NY 10022-4141 Group Name: State ID Number:
 (212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$20 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$40.00	03/30/2010	35254344
Standard Security Life Insurance Company of New York	\$60.00	05/17/2010	36597084

SERFF Tracking Number: IADC-126564104 State: Arkansas
 Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293
 Company Tracking Number: SSL HEARING AID RIDER
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: Act 1179 Compliance - Hearing Aids
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/19/2010	05/19/2010
Approved-Closed	Rosalind Minor	04/02/2010	04/02/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Benefit Selection Form	Shellie Howard	05/17/2010	05/17/2010
Form	Policyholder Election Form	Shellie Howard	05/17/2010	05/17/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen	Note To Reviewer	Shellie Howard	05/17/2010	05/17/2010

SERFF Tracking Number: IADC-126564104 *State:* Arkansas
Filing Company: Standard Security Life Insurance Company of New York *State Tracking Number:* 45293
Company Tracking Number: SSL HEARING AID RIDER
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001A Any Size Group - PPO
Product Name: Act 1179 Compliance - Hearing Aids
Project Name/Number: /

Disposition

Disposition Date: 05/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

We are withdrawing approval of Form SSL MED BSF AR 0310 which was approved on 4/2/10.

We are approving the election form on this date.

Rate data does NOT apply to filing.

SERFF Tracking Number: IADC-126564104 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293

Company Tracking Number: SSL HEARING AID RIDER

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Act 1179 Compliance - Hearing Aids

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	3rd party authorization	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	[Optional] Hearing Aid Benefit Rider	Approved-Closed	Yes
Form (revised)	Benefit Selection Form	Withdrawn	Yes
Form	Policyholder Election Form	Approved-Closed	Yes
Form	Benefit Selection Form	Withdrawn	Yes

SERFF Tracking Number: IADC-126564104 *State:* Arkansas
Filing Company: Standard Security Life Insurance Company of New York *State Tracking Number:* 45293
Company Tracking Number: SSL HEARING AID RIDER
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001A Any Size Group - PPO
Product Name: Act 1179 Compliance - Hearing Aids
Project Name/Number: /

Disposition

Disposition Date: 04/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: IADC-126564104 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293

Company Tracking Number: SSL HEARING AID RIDER

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Act 1179 Compliance - Hearing Aids

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	3rd party authorization	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	[Optional] Hearing Aid Benefit Rider	Approved-Closed	Yes
Form (revised)	Benefit Selection Form	Withdrawn	Yes
Form	Policyholder Election Form	Approved-Closed	Yes
Form	Benefit Selection Form	Withdrawn	Yes

SERFF Tracking Number: IADC-126564104 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293

Company Tracking Number: SSL HEARING AID RIDER

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Act 1179 Compliance - Hearing Aids

Project Name/Number: /

Amendment Letter

Submitted Date: 05/17/2010

Comments:

Please find new form for policyholder election SSL AEAR OPT ELC AR 0410, and also a request for withdrawal of the approval request for SSL MED BSF AR 0310, as well as an additional \$60 in order to comply with the new AR fee schedule. Thank you for your continued review of this filing.

Sincerely,

Shellie Howard

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SSL MED BSF AR 0310	Certificate Amendment, Selection Insert Page, Form Endorsement or Rider	Benefit Selection	Revised		MADS-123619308	SSL MED BSF 0607-A		
SSL AEAR OPT ELC AR 0410	Other	Policyholder Initial Election Form						SSL AEAR OPT ELC AR 0410 for filing 042310.pdf

SERFF Tracking Number: IADC-126564104 *State:* Arkansas
Filing Company: Standard Security Life Insurance Company of New York *State Tracking Number:* 45293
Company Tracking Number: SSL HEARING AID RIDER
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001A Any Size Group - PPO
Product Name: Act 1179 Compliance - Hearing Aids
Project Name/Number: /

Note To Reviewer

Created By:

Shellie Howard on 05/17/2010 03:01 PM

Last Edited By:

Shellie Howard

Submitted On:

05/17/2010 03:01 PM

Subject:

Request to Reopen

Comments:

Rosalind, would you be able to reopen this filing so that I may add the Policyholder election form for this? I will also send the additional fees at that time.

Thank you,

Shellie Howard

PH: 602-861-6070

SERFF Tracking Number: IADC-126564104 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293

Company Tracking Number: SSL HEARING AID RIDER

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Act 1179 Compliance - Hearing Aids

Project Name/Number: /

Form Schedule

Lead Form Number: SSL HEARAIDAE AR 0310

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 04/02/2010	SSL HEARAIDA E AR 0310	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	[Optional] Hearing Aid Benefit Rider	Initial			SSL HEARAIDAE AR 0310 (Optional Hearing Aid Rider)032910. pdf
Withdrawn 05/19/2010	SSL MED BSF AR 0310	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Benefit Selection Form	Revised	Replaced Form #: SSL MED BSF 0607- A Previous Filing #: MADS-123619308		
Approved-Closed 05/19/2010	SSL AEAR OPT ELC AR 0410	Other	Policyholder Election Form	Initial			SSL AEAR OPT ELC AR 0410 for filing 042310.pdf

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

[485 Madison Avenue, New York, NY 10022]

[OPTIONAL] HEARING AID BENEFIT RIDER FOR ARKANSAS RESIDENTS ONLY

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

If You are covered under the [optional] Hearing Aid Benefit Rider, and if specified as applicable on the Schedule of Benefits, the Certificate is amended as follows:

A. SECTION 4 – BENEFITS the following benefit is added:

[23.] Hearing Aids, not subject to Calendar Year Deductible or Daily Deductible or Copay, up to \$[1,400] per ear for each [three-year] period. The Hearing Aids must be dispensed by an individual properly licensed by the State of Arkansas.

B. SECTION 5 – EXCLUSIONS AND LIMITATIONS FROM COVERAGE the following change is hereby made:

Item [#24] pertaining to routine hearing exams is amended by deleting the reference to “the purchase of hearing aids.”

C. SECTION 11 – DEFINITIONS the following definition is added:

Hearing Aid means an instrument or device, including repair and replacement parts, that:

- a) Is designed and offered for the purpose of aiding Covered Persons with or compensating for impaired hearing;
- b) Is worn in or on the body; and
- c) Is generally not useful to a person in the absence of a hearing impairment.

TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made part of the Policy/Certificate as of [its Effective Date] [[October 1, 2009] or] [Your coverage Effective Date] [whichever is later] [the Effective Date as specified by an attached Endorsement].

This Rider is subject to all provisions of the Policy which are not in conflict with the provisions of this Rider. Nothing in this Rider will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by its President.

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK



Rachel Lipari
President



Adam C. Vandervoot
Secretary

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
[485 Madison Avenue, New York, NY 10022]

POLICYHOLDER ELECTION FORM
ARKANSAS RESIDENTS ONLY

As elected by the Policyholder, and in consideration of any applicable additional premium for each Arkansas resident Certificate holder for each benefit option selected, Covered Charges will include all or any of the following, which will be paid in lieu of any similar benefits described in the Policy. We will not duplicate benefits payable elsewhere under the Policy or any attached Rider.

[1.] Accept _____ Reject _____ Hearing Aids (Act 1179 of 2009/Bulletin 7A-2009)

As the Policyholder, we request that you indicate above whether you accept or reject this optional benefit:

Policyholder Name: _____

Signed for the Policyholder _____

Name _____ Title _____ Date _____

SERFF Tracking Number: IADC-126564104 State: Arkansas
 Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293
 Company Tracking Number: SSL HEARING AID RIDER
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: Act 1179 Compliance - Hearing Aids
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARCertificate of Compliance033010.pdf	Approved-Closed	04/02/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	04/02/2010

	Item Status:	Status Date:
Satisfied - Item: 3rd party authorization Comments: Attachment: SSL Filing Authorization Letter 2010.pdf	Approved-Closed	04/02/2010

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: SSL(AR)filing letter 033010.pdf	Approved-Closed	04/02/2010

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Standard Security Life Insurance Company of New York (SSL)

Form Number(s):

SSL HEARDAE AR 0310

SSL MED BSF AR 0310

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

Signature of Company Officer:

A handwritten signature in black ink, appearing to read "Adam Vandervoort", with a stylized flourish at the end.

Adam Vandervoort
Name

Secretary
Title

03/30/10
Date

January 6, 2010

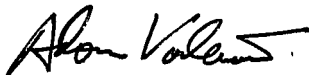
RE: Standard Security Life Insurance Company of New York

NAIC Company Number: 69078
NAIC Group Number: 0450
FEIN Number: 13-5679267

AUTHORIZATION STATEMENT

Standard Security Life Insurance Company of New York ("SSLICNY") hereby authorizes IHC Health Solutions (Member of the IHC Group), to represent us in the submission of accident and health insurance Group and Individual Policy Forms, and related forms and rates, and to negotiate with the Department for their approval.

Sincerely,



Adam C. Vandervoort
Secretary



2101 W Peoria Avenue #100
Phoenix, AZ 85029

March 30, 2010

Honorable Jay Bradford
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: Standard Security Life Insurance Company of New York
NAIC Company Number: 69078
NAIC Group Number: 0450
FEIN Number: 13-5679267
Master Group Major Medical Insurance Policy – SSL GP 607-A and Related Forms

New Form:
SSL HEARAIDAE AR 0310 [Optional] Hearing Aid Benefit Rider

Revised Form:
SSL MED BSF AR 0310 Benefit Selection Form

Dear Commissioner Bradford:

We are submitting for your review and approval, the above referenced out-of-state Group Policy forms on behalf of Standard Security Life Insurance Company of New York {SSL}. This filing is being made in order to comply with Bulletin 7A-2009 & Act 1179 of 2009 regarding the mandatory offering of hearing aids. The Hearing Aid Benefit Rider is a new form and will not replace any approved forms currently on file with the Department. The Benefit Selection Form was revised to reflect the new hearing aid option. This form will replace SSL MED BSF 0607-A approved 6/6/2008 under State Tracking #38787, SERFF #MADS-123619308. We will list this rider on the Schedule of Benefits as applicable or not applicable, depending on the applicant's selection.

IHC has received authorization to file life, accident, and health forms on SSL's behalf. For your reference, we have enclosed the filing letter of authorization from SSL. Additionally, we have also included a Certification signed by an officer of SSL, in accordance with Rule and Regulation 19.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. We confirm that the forms meet the minimum required readability standards.

For any questions or if any additional information is needed, please contact me at (602)-861-6070, or by email: howards@iacusa.com. Thank you for your prompt consideration of this filing.

Sincerely,

Shellie Howard

Shellie Howard
Form Development & Compliance Specialist
PH: 602-861-6070

SERFF Tracking Number: IADC-126564104 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45293

Company Tracking Number: SSL HEARING AID RIDER

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Act 1179 Compliance - Hearing Aids

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/30/2010	Form	Benefit Selection Form	05/17/2010	SSL MED BSF AR 0310 (Benefit Selection Form)For Filing 033010.pdf (Superceded)



[PLAN NAME] BENEFIT SELECTION FORM

Underwritten by Standard Security Life Insurance Company of New York CASE NUMBER

APPLICANT'S NAME

SOCIAL SECURITY NUMBER

(LAST)
(INITIAL)

(FIRST)

PLAN SELECTION: Design your plan by selecting your In-Network plan options. Out-of-Network benefits differ from In-Network benefits and are based on your selections below. See the product brochure for details.

<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 6
<u>Copay</u> <input type="checkbox"/> \$0-\$100	<u>Copay</u> <input type="checkbox"/> \$0-\$100	<u>Copay</u> <input type="checkbox"/> \$0-\$100	<u>Copay</u> <input type="checkbox"/> \$0-\$100	<u>Copay</u> <input type="checkbox"/> \$0-\$100	<u>Copay</u> <input type="checkbox"/> \$0-\$100
<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000	<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000	<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000	<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000	<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000	<u>Deductible</u> <input type="checkbox"/> \$0-\$20,000
<u>Coinsurance</u> <input type="checkbox"/> 50%-100%	<u>Coinsurance</u> <input type="checkbox"/> 50%-100%	<u>Coinsurance</u> <input type="checkbox"/> 50%-100%	<u>Coinsurance</u> <input type="checkbox"/> 50%-100%	<u>Coinsurance</u> <input type="checkbox"/> 50%-100%	<u>Coinsurance</u> <input type="checkbox"/> 50%-100%
<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000	<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000	<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000	<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000	<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000	<u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$0 - \$50,000

Preferred Provider Organization (PPO) Network Selected:

Optional Benefits

[Outpatient Prescription Drug Coverage]	<input type="checkbox"/> Deductible & Coinsurance Outpatient Rx covered the same as any other illness.] <input type="checkbox"/> Drug Card]
[18-Month Rate Guarantee]	<input type="checkbox"/> Yes <input type="checkbox"/> No (12-Month Rate Guarantee will apply if not elected)]
[Preventive Coverage]	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Supplemental Accident]	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Maternity Coverage]	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Dental Coverage]	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Vision Coverage]	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Hearing Aid Coverage]	<input type="checkbox"/> Yes <input type="checkbox"/> No] [Not available on HSA-qualified High Deductible Health Plans]
[24-hour Occupational Coverage]	[Sole proprietors, partners (ownership over 10%), or business owners not covered by Workers' Compensation are eligible. Do you qualify for this benefit? (Verification may be necessary.) Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No]

[Life Insurance
☐ Yes: ☐ \$10,000 Minimum
☐ Other: List amount in \$10,000 increments, up to \$100,000 \$ _____
☐ No]

[BENEFICIARY:

RELATIONSHIP:

[Dependent Life Insurance ☐ Yes ☐ No]

Attach this form to your *Application for Insurance*

For Administrative Use Only			Other:				
Case Number	Enter	Date	Approved By	Date	Eff Date	PCEFD	